

## **2012 DISASTER CASE MANAGEMENT**

### **REQUEST FOR PROPOSALS**

#### **LIST OF ATTACHMENTS**

<b>ATTACHMENT A</b>	<b>Statement of Assurances</b>
<b>ATTACHMENT B</b>	<b>Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion</b>
<b>ATTACHMENT C</b>	<b>Proposal Authorization/Cover Sheet</b>
<b>ATTACHMENT D</b>	<b>Budget</b>
<b>ATTACHMENT E</b>	<b>Executive Order 189-Conflict of Interest</b>
<b>ATTACHMENT F</b>	<b>N.J.S.A. 52:34-13.2 Certification-Source Disclosure Certification Form (formerly known as Executive Order 129)</b>
<b>ATTACHMENT G</b>	<b>Public Law 2005, Chapter 51/EO 117, (formerly Executive Order 134) Certification and Disclosure Instructions and Form.</b>
<b>ATTACHMENT H</b>	<b>Checklist</b>
<b>ATTACHMENT I</b>	<b>Directions to Division of Family Development, Office of Grants Management at Quakerbridge Plaza (Proposal Delivery Site for Hand Delivery or Commercial Courier/Mail Service)</b>
<b>ATTACHMENT J</b>	<b>Directions to Mandatory Technical Assistance Conference Site</b>
<b>ATTACHMENT K</b>	<b>Technical Assistance Conference Pre Registration Form</b>

# ATTACHMENT A

## STATEMENT OF ASSURANCES

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all Federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) Federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975c. 127 (NJAC 17:27).
- Will comply with all applicable Federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto
- Will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL 104-191 and the regulations adopted thereunder by the Secretary of United States Department of Health and Human Service (45 CFR, Parts 160, 162 and 164)
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

## ATTACHMENT A

### Page 2

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with Federal Executive Orders 12549 and 12689 and State Executive Order 66 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

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Applicant Organization

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Signature: Chief Executive Officer or Equivalent

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Date

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Typed Name and Title

## ATTACHMENT B

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.  
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

## ATTACHMENT C

### DFD USE ONLY

Proposal # \_\_\_\_\_

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
2012 DISASTER CASE MANAGEMENT  
PROPOSAL/AUTHORIZATION COVER SHEET**

### PROPOSAL SUMMARY INFORMATION

Incorporated Name of Applicant: \_\_\_\_\_

Type: Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ CWA \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Address of Service(s): \_\_\_\_\_  
(Attach list if necessary.)

County: \_\_\_\_\_

Service Regions (Counties): \_\_\_\_\_

Name of Proposal Preparer: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Total dollar amount requested: \$ \_\_\_\_\_

Agency Fiscal Year End: \_\_\_\_\_

Total number of cases to be served: \_\_\_\_\_

Brief description of services to be provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AUTHORIZATION:

Chief Executive Officer (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT D-1**

**NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

## BUDGET INFORMATION SUMMARY

Date\_\_\_\_\_

Page\_\_\_\_of\_\_\_\_

RFP Project Name: **2012 DISASTER CASE MANAGEMENT**

Agency Federal ID# \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Chief Exec. Officer \_\_\_\_\_

Charities Registration # \_\_\_\_\_

Agency: Non Profit \_\_\_\_\_ Profit \_\_\_\_\_  
Public \_\_\_\_\_ Hosp. Based \_\_\_\_\_

Budget Period \_\_\_\_\_

Agency Fiscal Year End\_\_\_\_\_

## CONTRACT INFORMATION SUMMARY

**(LIST ALL DEPARTMENT OF HUMAN SERVICES CONTRACTS)**

[illegible]

## ATTACHMENT D-2

### STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

#### BUDGET INFORMATION SUMMARY

Date \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

RFP Project Name **2012 DISASTER CASE MANAGEMENT**

Agency Federal ID # \_\_\_\_\_

Agency Name \_\_\_\_\_

Funding Request – Program Name (s) \_\_\_\_\_

Service (s) \_\_\_\_\_

#### RFP – BUDGET EXPENSE SUMMARY

BUDGET CATEGORIES	TOTAL COSTS	Contract Date mo./day/yr	mo./day/yr (2 <sup>nd</sup> yr of contract, if applicable)	UNALLOWABLE COSTS
A. Personnel (including fringe benefits)				
B. Consultants & Professional Fees				
C. Materials & Supplies				
D. Facility Costs				
E. Specific Assistance to Clients				
F. Other				
G. Gen. & Adm. (G&A) Cost Allocation				
H. Total Operating Costs				
I. Equipment				
J. Total Cost				
K. Revenue (deduct)	( )	( )	( )	( )
L. Funding Request	\$	\$	\$	
Total Units of Service				
Unit Description				

The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources (not DHS) of Funding (line K). Indicate the sources of funding and the dollar amounts for each:

Total Other Sources of Funding	\$	\$	\$

## ATTACHMENT D-3

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
BUDGET INFORMATION SUMMARY**

Date \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

RFP Project Name: **2012 DISASTER CASE MANAGEMENT**

Agency Federal ID# \_\_\_\_\_

Agency Name \_\_\_\_\_

## RFP – PERSONNEL DETAIL

[illegible]



**ATTACHMENT D-4**

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

## BUDGET INFORMATION SUMMARY

Date \_\_\_\_\_

Page\_\_\_\_\_of\_\_\_\_\_

RFP Project Name: **2012 DISASTER CASE MANAGEMENT**

Agency Federal ID# \_\_\_\_\_

Agency Name \_\_\_\_\_

## RFP – Budget Category Detail

[illegible]

# BUDGET INSTRUCTIONS FOR ATTACHMENT D-1

## **Budget Information Summary**

The budget information summary gives the Department of Human Services (DHS) information regarding the planned expenditure of funds for the programs and services being proposed in response to a request for proposal (RFP). **It is necessary that all information be completed on the budget forms. Failure to do so may negatively impact on the evaluation of the proposal.** Additional copies of the budget forms may be copied and attached as needed to ensure complete and accurate information. If you have questions regarding the completion of the budget forms, contact the person listed in the RFP for technical assistance. Review of the Department's Contract Reimbursement Manual, July 1986 edition, will also be helpful if questions arise.

## **Directions - Budget Information Summary**

1. All identifying information must be provided in its entirety - information not completed may negatively impact on the review of the proposal.
2. Indicate the date of the proposal and the page number as part of the total budget information, i.e., Page 1 of 10.
3. Because the contract information summary requires a list of all Contracts now in effect with DHS, please list all current DHS Contracts by contracting division, the contract number, the name of the programs funded, services rendered and the current reimbursable ceiling (total funding amount) for each program.

## **Definitions**

Program - that separation of units with a single identifiable individual name within the provider agency that may provide the same or different types of services for the client population. Example - ABC, Inc. has a day care center and two group homes, each having a name - ABC Day Care Center, the ABC Group Home, and CBA Group Home. Each would be listed as a program within the agency ABC, Inc.

Service - the need, which can be measured for monitoring purposes, for which the client is being included in the proposal.

## **BUDGET INSTRUCTIONS FOR ATTACHMENT D-2**

### **Directions - Budget Expense Summary**

1. Complete the identifying information at the top of the page. It is important that all information be completed in full.
2. The budget expense summary summarizes the expected expenditures by budget category, by program(s) as specified in the proposal. Please list all anticipated expenditures required to meet the needs of the proposal for services by the categories indicated on the form. Indicate the total for each category and then break out the total by program, listing the names of the programs in the column headings provided next to the column for total cost. Parenthesis means that the amount will be deducted where indicated.
3. List the anticipated level of service (Total Units of Service) for each program and the description of the unit to be used for measurement of service.
4. Indicate all other than the Department of Human Services funding sources for the programs in the proposal, the total amount and the total broken down by program.

### **Definitions**

General and Administrative Costs (indirect costs) - represent costs incurred for common or joint objectives which are not readily assignable as a direct cost.

Unallowable Costs - those costs which are not reimbursable in a Contract with DHS as specified in the DHS July 1986 edition of the Contract Reimbursement Manual, Section 4.7.

Units of Service - the breakdown of the services used as a standard of measurement, e.g., hours, trips, meals.

## **BUDGET INSTRUCTIONS FOR ATTACHMENT D-3**

### **Directions - Personnel Detail**

(Make additional copies of this page, as needed, to ensure inclusion of all personnel data.)

1. Complete the identifying information at the top of the page.
2. Personnel detail requests a listing of all personnel involved in providing the services being proposed, including the percentage of time spent on each program. Please list each person and their position title, the total salary allotted to this proposal, the hours per week assigned to each program and any unallowable or general and administrative costs involved for each person.
3. Also indicate any vacant titles that will be filled to meet the obligations of this proposal.

## **BUDGET INSTRUCTIONS FOR D-4**

### **Directions - Budget Category Detail**

1. Ensure that all identifying information is completed, including the date and page number.
2. The budget category detail is intended to show which method was used to allocate the expenses to the various categories of the proposal. List the categories as indicated on the Budget Expense Summary A through G and I.
3. Indicate the basis for allocation and the total funding for each category. Then break out the total by program and indicate any unallowable and/or general and administrative costs.

### **Definitions**

Cost Allocation - the distribution base used to allocate items or groupings of indirect costs in proportion to the relative benefit derived for the program with in the proposal. (Example - a building used by several programs of which only one is funded by DHS. The square footage may be used to prorate the expenses of the building and assigned according to contracted program usage.) If there is no indirect cost in the category, the cost basis is a direct cost which is identified specifically with a particular category.

Direct Cost - any cost which can be identified with a particular cost objective (category).

Indirect Cost - a cost, because of its incurrence for common or joint objectives, which is not readily assignable as a direct cost.

## **ATTACHMENT E**

### **STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

#### **ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the

same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

## ATTACHMENT F

### EXECUTIVE ORDER 129 CERTIFICATION

### SOURCE DISCLOSURE CERTIFICATION FORM

Bidder: \_\_\_\_\_ Solicitation Number \_\_\_\_\_

I hereby certify and say:

I have personal knowledge of the facts set forth herein and am authorized to make this Certification on behalf of the Bidder.

The Bidder submits this Certification as part of a bid proposal in response to the referenced solicitation issued by the Division of Purchase and Property, Department of the Treasury, State of New Jersey (the "Division"), in accordance with the requirements of Executive Order 129, issued by Governor James E. McGreevey on September 9, 2004 (hereinafter "E.O. No. 129").

The following is a list of every location where services will be performed by the bidder and all subcontractors.

Bidder or Subcontractor	Description of Services	Performance Location(s) by County
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Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced solicitation or extension thereof will be immediately reported by the Vendor to the Director, Division of Purchase and Property (the "Director").

I understand that, after award of a contract to the Bidder, it is determined that the Bidder has shifted services declared above to be provided within the United States to sources outside the United States, prior to a written determination by the Director that extraordinary circumstances require the shift of services or that the failure to shift the services would result in economic hardship to the State of New Jersey, the Bidder shall be deemed in breach of contract, which contract will be subject to termination for cause pursuant to Section 3.5b.1 of the Standard Terms and Conditions.

I further understand that this Certification is submitted on behalf of the Bidder in order to induce the Division to accept a bid proposal, with knowledge that the Division is relying upon the truth of the statements contained herein.

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Bidder: \_\_\_\_\_  
[Name of Organization or Entity]

By: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## ATTACHMENT G

### Public Law 2005, Chapter 51, (Formerly Executive Order 134), Executive Order

#### 117 Requirements for Eligible Applicants

#### **Certification and Disclosure Instructions and Form**

- Public Law 2005, Chapter 51 (Formerly Executive Order 134) “Pay to Play” Certification and Disclosure Form, and Executive Order 117 Certification of Compliance forms, DPP c51 - C&D, Rev. 11-17-2008 can be downloaded at:

<http://www.state.nj.us/treasury/purchase/forms.shtm>

**In order to be considered eligible for funding consideration, all Applicants must submit one completed original and one copy of the “Certification and Disclosure” form along with their proposals.**

The form is not to be included as part of the Applicant’s proposal package, but as **a separate and distinct document** *that must be submitted together with the Applicant’s proposal.*

## **ATTACHMENT H**

### **2012 DISASTER CASE MANAGEMENT REQUEST FOR PROPOSALS CHECKLIST**

**THE FOLLOWING ITEMS MUST BE INCLUDED IN YOUR PROPOSAL PACKAGE, AS INDICATED.** Failure to submit any documents, as required, may deem your proposal ineligible for funding consideration.

Please complete this checklist by entering a **check mark (✓)** next to each document included in your proposal **or (N/A)** if the document is not required for your agency.

**One signed original** and **five copies** of the proposal **which includes the following:**

- Completed Check-Off List (**See ATTACHMENT C**)
- Table of Contents
- Proposal/Authorization Cover Sheet (**See ATTACHMENT A**) **SIGNATURE REQUIRED**
- Program Narrative (**Not to exceed 15 single-spaced, one-sided pages**)
- Budget Forms (**See ATTACHMENT B**)
- Statement of Assurances (**See ATTACHMENT D**) **SIGNATURE REQUIRED**
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (**See ATTACHMENT E**) **SIGNATURE REQUIRED**
- Copy of the Applicant's organizational chart
- Copy of the most recent organization-wide audit report or current financial statement (**original proposal only**)
- Agency's Code of Ethics/Conflict of Interest Policy (**Must submit document reflecting Applicant Agency's policy. (ATTACHMENT F provided only as a guide)**)
- List of the Board of Directors, Officers and their terms (**non-profits only**)

- Charitable registration status (**non-profits only**)
- Applicant's Certificate of Incorporation

## **ATTACHMENT I**

### **New Jersey Department of Human Services**

Division of Family Development  
3 Quakerbridge Plaza Road  
Quakerbridge Road  
Mercerville, New Jersey 08619  
(609) 588-2290

### **DIRECTIONS**

#### **FROM NORTH**

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);
2. Take I-195 West to exit for I-295 North (Exit is on the right);
- 3 Stay on I-295 North to Exit 65A (Sloan Ave. **East**)
4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)
5. Turn left onto Quakerbridge Road and proceed to the first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and the first right and building numbered 3 is the second one-story building on your left. Enter in the door marked **State of NJ, Division of Public Welfare** and follow signs to the **Office of Grants Management**.

**Please note that the building is protected by a security system and you may need to use the telephone outside the door to your right to call and gain entrance to the building. The list above the telephone identifies the appropriate number to dial for the Office of Grants Management.**

#### **FROM SOUTH**

##### **Take Route 206 North to I-295 North**

Get on I-295 North and follow directions 3 – 5 above.

**OR**

##### **Take the New Jersey Turnpike North to Exit to I-195**

Exit Turnpike and follow directions 2 – 5 above.

## ATTACHMENT J

### DIRECTIONS TO THE TECHNICAL ASSISTANCE CONFERENCE SITE

**DIVISION OF FAMILY DEVELOPMENT  
Building 3, Rooms A, (check-in at Bldg. 6)  
3 Quakerbridge Plaza  
Mercerville, NJ 08619  
(609) 588-2290**

#### **FROM NORTH**

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);
2. Take I-195 West to Exit for I-295 North (Exit is on the right);
- 3 Stay on I-295 North to Exit 65A (Sloan Ave. **East**)
- 4 Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)
- 5 Turn left onto Quakerbridge Road and proceed to first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and proceed to the stop sign. Turn right and the first three-story building on your right is Building 6. **You must sign in with the police officer on duty in Building 6 and obtain a pass prior to proceeding to the meeting room which is located in Building 3.**

#### **FROM SOUTH**

Take Route 206 North to I-295 North;  
Get on I-295 North and follow directions 3 – 5 above.

OR

Take the New Jersey Turnpike North to Exit to I-195  
Exit Turnpike and follow directions 2 – 5 above

## ATTACHMENT K

### PRE-REGISTRATION FORM

[   ]   Number of people attending (maximum of 2 persons)

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Please provide the following information if any person attending the Conference will require special accommodations due to a disability.

Special Accommodation?   \_\_\_\_\_ Yes   \_\_\_\_\_ No

Accommodation Required: \_\_\_\_\_